

BEST AVAILABLE COPY



DIAGNOSTIC
CRITERIA
FROM
DSM-IV-TR™

Published by the
American Psychiatric Association
Washington, DC

BEST AVAILABLE COPY

Mood Disorders

296.89 Bipolar II Disorder (Recurrent Major Depressive Episodes With Hypomanic Episodes)

417

Specify:

Longitudinal Course Specifiers (With and Without Interepisode Recovery) (see p. 206)
With Seasonal Pattern (applies only to the pattern of Major Depressive Episodes) (see p. 207)
With Rapid Cycling (see p. 208)

of the Bipolar I Disorder as follows: 5 for In Partial Remission, 6 for In Full Remission. If current severity or clinical status is unspecified, the fifth digit is 0. Other specifiers for Bipolar I Disorder cannot be coded. For Bipolar I Disorder, Most Recent Episode Hypomanic, the fifth digit is always 0. For Bipolar Disorder, Most Recent Episode Unspecified, there is no fifth digit.

Recording Procedures
The diagnostic codes for Bipolar I Disorder are selected as follows:

1. The first three digits are 296.
2. The fourth digit is 0 if there is a single Manic Episode. For recurrent episodes, the fourth digit indicates the nature of the current episode (or, if the Bipolar I Disorder is currently in partial or full remission, the nature of the most recent episode) as follows: 4 if the current or most recent episode is a Hypomanic Episode or a Manic Episode, 5 if it is a Major Depressive Episode, 6 if it is a Mixed Episode, and 7 if the current or most recent episode is Unspecified.
3. The fifth digit (except for Bipolar I Disorder, Most Recent Episode Hypomanic, and Bipolar I Disorder, Most Recent Episode Unspecified) indicates the severity of the current episode if full criteria are met for a Manic, Mixed, or Major Depressive Episode as follows: 1 for Mild severity, 2 for Moderate severity, 3 for Severe Without Psychotic Features, 4 for Severe With Psychotic Features. If full criteria are not met for a Manic, Mixed, or Major Depressive Episode, the fifth digit indicates the current clinical status

In recording the name of a diagnosis, terms should be listed in the following order: Bipolar I Disorder, specifiers coded in the fourth digit (e.g., Most Recent Episode Manic), specifiers coded in the fifth digit (e.g., Mild, Severe With Psychotic Features, In Partial Remission), as many specifiers (without codes) as apply to the current or most recent episode (e.g., With Melancholic Features, With Postpartum Onset), and as many specifiers (without codes) as apply to the course of episodes (e.g., With Rapid Cycling); for example, 296.54 Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features, With Melancholic Features, With Rapid Cycling.

Note that if the single episode of Bipolar I Disorder is a Mixed Episode, the diagnosis would be indicated as 296.0x Bipolar I Disorder, Single Manic Episode, Mixed.

296.89 Bipolar II Disorder (Recurrent Major Depressive Episodes With Hypomanic Episodes)

A. Presence (or history) of one or more Major Depressive Episodes (see p. 168).

B. Presence (or history) of at least one Hypomanic Episode (see p. 171).

Mood Disorders**188**

- C. There has never been a Manic Episode (see p. 169) or a Mixed Episode (see p. 171).
- D. The mood symptoms in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizoaffective Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
- E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify current or most recent episode:

Hypomanic: If currently (or most recently) in a Hypomanic Episode (see p. 171)**Depressed:** If currently (or most recently) in a Major Depressive Episode (see p. 168)

If the full criteria are currently met for a Major Depressive Episode, specify its current clinical status and/or features:

Mild, Moderate, Severe Without Psychotic Features:
Severe With Psychotic Features (see p. 193) Note: Fifth-digit codes specific on p. 198 cannot be used here because the code for Bipolar II Disorder already uses the fifth digit.

Chronic (see p. 201)
 With Catatonic Features (see p. 202)
 With Melancholic Features (see p. 203)
 With Atypical Features (see p. 204)
 With Postpartum Onset (see p. 204)

If the full criteria are not currently met for a Hypomanic or Major Depressive Episode, specify the clinical status of the Bipolar II Disorder and/or features of the most recent Major Depressive Episode (only if it is the most recent type of mood episode):

189**301.13 Cyclothymic Disorder**

In Partial Remission, In Full Remission (see p. 198) Note: Fifth-digit codes specified on p. 198 cannot be used here because the code for Bipolar II Disorder already uses the fifth digit.

Chronic (see p. 201)

With Catatonic Features (see p. 202)
 With Melancholic Features (see p. 202)
 With Atypical Features (see p. 203)
 With Postpartum Onset (see p. 204)

Specify:

Longitudinal Course Specifiers (With and Without

Interepisode Recovery) (see p. 206)
With Seasonal Pattern (applies only to the pattern of Major Depressive Episodes) (see p. 207)
With Rapid Cycling (see p. 208)

■ 301.13 Cyclothymic Disorder

A. For at least 2 years, the presence of numerous periods with hypomanic symptoms (see p. 171) and numerous periods with depressive symptoms that do not meet criteria for a Major Depressive Episode. Note: In children and adolescents, the duration must be at least 1 year.

B. During the above 2-year period (1 year in children and adolescents), the person has not been without the symptoms in Criterion A for more than 2 months at a time.

C. No Major Depressive Episode (p. 168), Manic Episode (p. 169), or Mixed Episode (see p. 171) has been present during the first 2 years of the disturbance.

Mood Episodes**Major Depressive Episode**

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

- (1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood.
- (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).

(3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains.

- (4) insomnia or hypersomnia nearly every day
- (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- (6) fatigue or loss of energy nearly every day
- (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

Mood Episode	
	(B) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
	(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
	B. The symptoms do not meet criteria for a Mixed Episode (see p. 17).
	C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
	D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
	E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.
	Manic Episode
	A. A distinct period of abnormally and persistently elevated, expanded, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
	B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

Mood Disorders

170

- (1) inflated self-esteem or grandiosity
- (2) decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
- (3) more talkative than usual or pressure to keep talking
- (4) flight of ideas or subjective experience that thoughts are racing
- (5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
- (6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
- (7) excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

C. The symptoms do not meet criteria for a Manic Episode (see p. 171).

- D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
- E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Note: Manic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar I Disorder.

Mixed Episode

Mixed Episode

171

- A. The criteria are met both for a Manic Episode (see p. 169) and for a Major Depressive Episode (see p. 168) (except for duration) nearly every day during at least a 1-week period.
- B. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
- C. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Note: Mixed-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar I Disorder.

Hypomanic Episode

- A. A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.
- B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 - (1) inflated self-esteem or grandiosity
 - (2) decreased need for sleep (e.g., feels rested after only 3 hours of sleep)

Note: Manic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar I Disorder.

Diagnostic criteria for 301.13 Cyclothymia continued

- B. During a two-year period (one year in children and adolescents) of the disturbance, never without hypomanic or depressive symptoms for more than two months at a time.
 - C. No clear evidence of a Major Depressive Episode or Manic Episode during the first two years of the disturbance (or one year in children and adolescents).
- Note:** After this minimum period of Cyclothymia, there may be superimposed Manic or Major Depressive Episodes, in which case the additional diagnosis of Bipolar Disorder or Bipolar Disorder NOS should be given.
- D. Not superimposed on a chronic psychotic disorder, such as Schizophrenia or Delusional Disorder.
 - E. It cannot be established that an organic factor initiated and maintained the disturbance, e.g., repeated intoxication from drugs or alcohol.

296.70 Bipolar Disorder Not Otherwise Specified

Disorders with manic or hypomanic features that do not meet the criteria for any specific Bipolar Disorder.

Examples:

- (1) at least one Hypomanic Episode and at least one Major Depressive Episode, but never either a Manic Episode or Cyclothymia. Such cases have been referred to as "Bipolar II."
- (2) one or more Hypomanic Episodes, but without Cyclothymia or a history of either a Manic or a Major Depressive Episode
- (3) a Manic Episode superimposed on Delusional Disorder, residual Schizophrenia, or Psychotic Disorder NOS

Specify if seasonal pattern (see p. 224).

DEPRESSIVE DISORDERS**296.2x Major Depression, Single Episode****296.3x Major Depression, Recurrent**

The essential feature of Major Depression is one or more Major Depressive Episodes (see p. 218) without a history of either a Manic Episode (see p. 214) or an unequivocal Hypomanic Episode. Major Depression is subclassified in the fourth digit as either Single Episode or Recurrent. In addition, it is subclassified in the fifth digit to indicate the current state of the disturbance. If the criteria are currently met for a Major Depressive Episode, the severity of the episode is indicated as either mild, moderate, severe without psychotic features, or with psychotic features. If these criteria are not currently met, the fifth digit indicates whether the disturbance is in partial or full remission.

Course. Some people have only a single episode, with full return to premorbid functioning. However, it is estimated that over 50% of people who initially have Major Depression, Single Episode, will eventually have another Major Depressive Episode, the illness then meeting the criteria for Major Depression, Recurrent. People with